

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90009 029 ****61.25

DOCUMENT # N50379

1. Entity Name

(DISCIPLES OF CHRIST)

**FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) INC
 INCORPORATED OF SANFORD**

Principal Place of Business

Mailing Address

**1607 S SANFORD AVENUE
 SANFORD FL 32771**

**1607 S SANFORD AVENUE
 SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2399111

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIESE, JEAN CPA
 2920 W AIRPORT BLVD
 SANFORD FL 32771**

Name

THOMAS O. SLOAN

Street Address (P.O. Box Number is Not Acceptable)

1607 S. SANFORD AVE.

City

SANFORD

FL

Zip Code

32771

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

THOMAS O. SLOAN

SIGNATURE

Thomas O. Sloan, TREASURER

1-11-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **WILLIAMSON, WAYNE**
 STREET ADDRESS **411 VIHLEN RD**
 CITY-ST-ZIP **SANFORD FL 32771-3610**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PETERSON, ROBERT**
 STREET ADDRESS **719 GREENTREE CT**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☒ Delete
 NAME **WILLIAMS, BARBARA**
 STREET ADDRESS **115 ALAMO ROAD**
 CITY-ST-ZIP **DEBARY FL 32713**

TITLE **T TREASURER** ☐ Change ☒ Addition
 NAME **THOMAS O. SLOAN**
 STREET ADDRESS **2460 MELLONVILLE AVE**
 CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **T** ☒ Delete
 NAME **RIESE, JEAN CPA**
 STREET ADDRESS **2920 W AIRPORT BLVD**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **T ASSISTANT TREASURER** ☐ Change ☒ Addition
 NAME **KAREN CORLEY**
 STREET ADDRESS **970 LEMON BLUFF RD.**
 CITY-ST-ZIP **OSTEON, FL 32764**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS O. SLOAN
THOMAS O. SLOAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02

Date

407-330-1673

Daytime Phone #

CR2E037 (9/01)